

EXHIBIT 5

GEICO GENERAL INSURANCE CO
750 WOODBURY RD
WOODBURY, NY 11797-2519

Claimant: [REDACTED]

Insured Name: [REDACTED]

Feature Symbol & Amount

NBM \$***3087.86

THREE-THOUSAND-EIGHTY-SEVEN AND 86/100 DOLLARS***

Pay to the Order of:
NORTHERN MEDICAL

Bank of America

South Portland, ME 04106

52-153
112 ME

NO. N 197348196

VOID AFTER 180 DAYS

Date: 06/07/2018

Amount:
\$***3,087.86

Mail To:
Northern Medical
C/O Gary Tsirelman Pc
129 Livingston ST 2nd & 3rd Fl
Brooklyn Ny 11201

Halleis White

197348196

PAY TO THE ORDER OF
BRUNSWICK BANK & TRUST COMPANY
NEW BRUNSWICK, NJ 08901-3462
FOR DEPOSIT ONLY

SEP 28 2018

CAMBRIDGE CLARENDON FINANCIAL
SERVICE LLC/ DBA UNITED CHECK CASHING
LICENSED CASHIER OF CHECKS

GEICO INDEMNITY CO
750 WOODBURY RD
WOODBURY, NY 11797-2519

Claimant:

Feature Symbol & Amount

NBM \$***2891 86

****TWO-THOUSAND-EIGHT HUNDRED NINETY-EIGHT AND ONE-HALF**

Claim Number:

Hartford, CT 06120
Phone Number [REDACTED]

51-44
119 CT

NO. N 193110769

VOID AFTER 180 DAYS

Date: 12/11/2017

Amount:

\$*****2 894 86

Two Thousand

Pay to the Order of:
NORTHERN MEDICAL CARE PC

Insured Name:

In Payment of:
Personal Injury Protection
DOS: 10/17/2017-10/17/2017

Mail To:

Northern Medical Care P.C.
C/O Gary Tsirelman P.C.
129 Livingston ST
Brooklyn Ny 11201-5105

Hallie White

193110269

PAY TO THE ORDER OF
NEW BRUNSWICK & TRUST COMPANY
FOR DEPOSIT ONLY

APR 12 2017

CAREN DON FINANCIAL SERVICES, LLC
CASHIER OR CHECK CASHING

GOVERNMENT EMPLOYEES INSURANCE CO
750 WOODBURY RD
WOODBURY, NY 11797-2519

Claimant: [REDACTED]

Feature Symbol & Amount

NBM \$***1435.80

**ONE-THOUSAND-FOUR-HUNDRED-THIRTY-FIVE*AND*80/100*DOLLARS-----

Pay to the Order of:

NORTHERN MEDICAL CARE PC

Mail To:

Northern Medical Care P.C.
C/O Gary Tsirelman P.C.
129 Livingston ST
Brooklyn Ny 11201-5105

Bank of America
Hartford, CT 06120

Claim Number: [REDACTED]

51-44
119 CT

NO. N 195678045

VOID AFTER 180 DAYS

Date: 03/29/2018

Amount:

\$***1,435.80

In Payment of:
Personal Injury Protection
DOS: 02/21/2018-02/21/2018

Halleis White

195678045# [REDACTED]

GEICO INDEMNITY CO
750 WOODBURY RD
WOODBURY, NY 11797-2519

Claimant: [REDACTED]

Feature Symbol & Amount

IPA \$*****50.00

**FIFTY*AND*00/100*DOLLARS-----

Pay to the Order of:

NORTHERN MEDICAL CARE

Mail To:
Gary Tsirelman P.C.
129 Livingston ST
Brooklyn Ny 11201-5105

Bank of America
Hartford, CT 06120

Claim Number: [REDACTED]

51-44
119 CT

NO. N 195686231

VOID AFTER 180 DAYS

Date: 03/30/2018

Amount:

\$*****50.00

In Payment of:
Personal Injury Protection
dos: 11/15/2017-11/15/2017
ft#: 161.581 Int: \$50.00
aa: 4118-1086-2491

Halleis White

195686231# [REDACTED]

PAY TO THE ORDER OF
BRUNSWICK BANK & TRUST COMPANY
NEW BRUNSWICK, NJ 08901-3462
FOR DEPOSIT ONLY

AUG 30 2018

CAMBRIDGE CLARENDON FINANCIAL
SERVICE LLC/ DBA UNITED CHECK CASHING
LICENSED CASHIER OF CHECKS